



# County of San Diego

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## **Medical Director's Update for Base Station Physicians' Committee April, 2014**

**Thank you to all the agencies** that provided the information for our **Core Measures** report to state EMS. While still in its infancy now, it may provide important information to us in the future.

**Strike Out Stroke** will take place on May 10, 2014. This will be at the Padres game that day (against the Marlins). The public will have an opportunity to learn the warning signs of stroke and the importance of rapid evaluation and treatment. A number of the hospital stroke programs will have booths and will check blood pressures and review other risk factors. Stroke "survivors" will be present to celebrate their recovery. A T shirt and game ticket bundle is available on line for \$17 (<http://strike-out-stroke.mybigcommerce.com>). This offer ends on April 16, 2014. The shirt and ticket may be picked up at EMS. Call Diane Royer, RN at EMS for information or to pick up your bundle. A ticket only offer is available until game day is available until game day at <https://oss.ticketmaster.com/html/go.html?l=EN&t=padres&o=30117325&g=582>.

**Get stroke witnesses to the hospital** with the patient. Someone who saw the event or the time frame, especially the Last Known Time Normal (or baseline) will help enormously in determining the patient's treatment. There may be difficulties with relatives or friends who want to drive separately to the hospital, but they should be encouraged to go with the patient, or go straight to the emergency department to be interviewed. A cell phone helps.

**Aphasia is a sometimes** subtle sign of stroke. This disorder results from damage to the brain's language abilities. It may be manifested by loss of fluency of speech or comprehension. It makes conversation about provided materials difficult. In severe aphasia all communication is through fragmentary expression. The examiner needs inference, questioning, and guessing. The range of information that can be exchanged is limited. In mute or global non fluent aphasia no usable speech or auditory comprehension exists.

**Sidewalk CPR is scheduled for June 5, 2014.** This valuable event gives persons several minutes instruction in compression only CPR with a chance to practice for a short time. The skill is easy to learn, and even brief practice probably makes rescuers more likely to perform CPR. You can help by sponsoring a site. Contact Sue Dickinson at EMS for more information. Our goal this year is to reach 3,500 people.

**Annex D** our multi patient response protocol is scheduled for review and revision this year. A committee will be looking at the possible changes. Contact Patrick Buttron at EMS if you have any suggestions.

**Activated charcoal** is necessary in only a small number of cases. Overdoses of particularly worrisome medications are listed in the treatment guidelines as a Standing Order. Medics sometimes contact the poison center and are told that charcoal should be administered in some other ingestion. The charcoal order would be a base physician variation. This will help us track charcoal use.

**Wound Botulism** was seen in two recent cases. This unusual disease is often caused by skin popping black tar heroin. In wound botulism the wound becomes infected with anaerobic bacteria including the species that cause botulism. This is similar to botulism seen after consumption of canned goods with botulism. Symptoms are similar with diplopia, bilateral ptosis, extraocular palsy, slurred speech and generalized weakness. Patients may be afflicted with a descending paralysis that can require mechanical ventilation. Be on the lookout for this constellation of signs and symptoms.

**The Community Paramedicine initiatives** in the county continue to work on their proposals. These include San Diego City's program for strengthening their homeless outreach/frequent ED user initiative. Carlsbad is working on triage criteria for selected EMS patients who could be sent to a Kaiser clinic rather than the emergency department. Statewide there are 12 current proposals.

The agency that approves and monitors these types of expanded scope trials is the Office of Statewide Health Planning and Development (OSHPD). They conducted a hearing the second week in April in Sacramento to receive public comments about all the proposals, which were submitted as a package by state EMS. At the hearing significant concerns were recorded especially by provider organizations such as emergency physicians (CAL/ACEP), the California Medical Association, Medical Board of California, California Nurses Association, California Association for Health Services at Home. A similar number approved the proposed trials, and some organizations did not comment. This included the California Emergency Nurses Association.

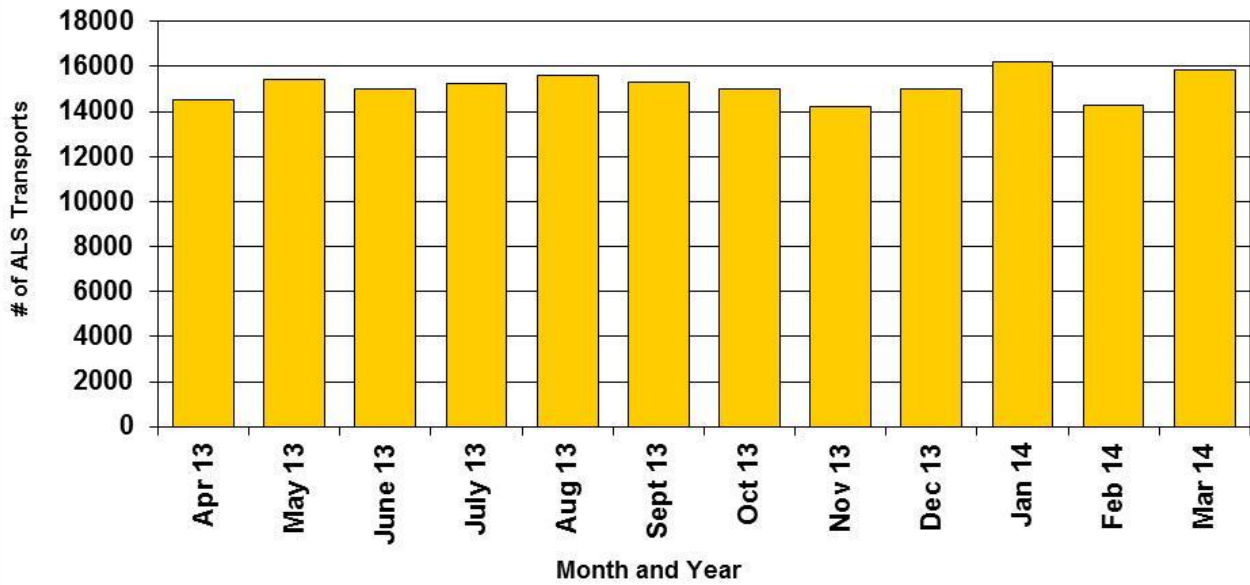
State EMS will be responding to the comments and continues to support the trials.

**Naloxone administration** to persons with likely narcotic overdose administered by sheriff's deputies continues to be looked at. This would potentially help patients in whom the fire department arrives on-scene after the deputy. The deputy could start ventilations/CPR, prepare the naloxone and give it intranasally. There is widespread interest in similar programs around the country.

**Congratulations to the San Diego County Medical Society and Foundation** for their award at the recent Public Health Champions event. The medical society continues to seek ways to deliver care to those who lack health insurance.

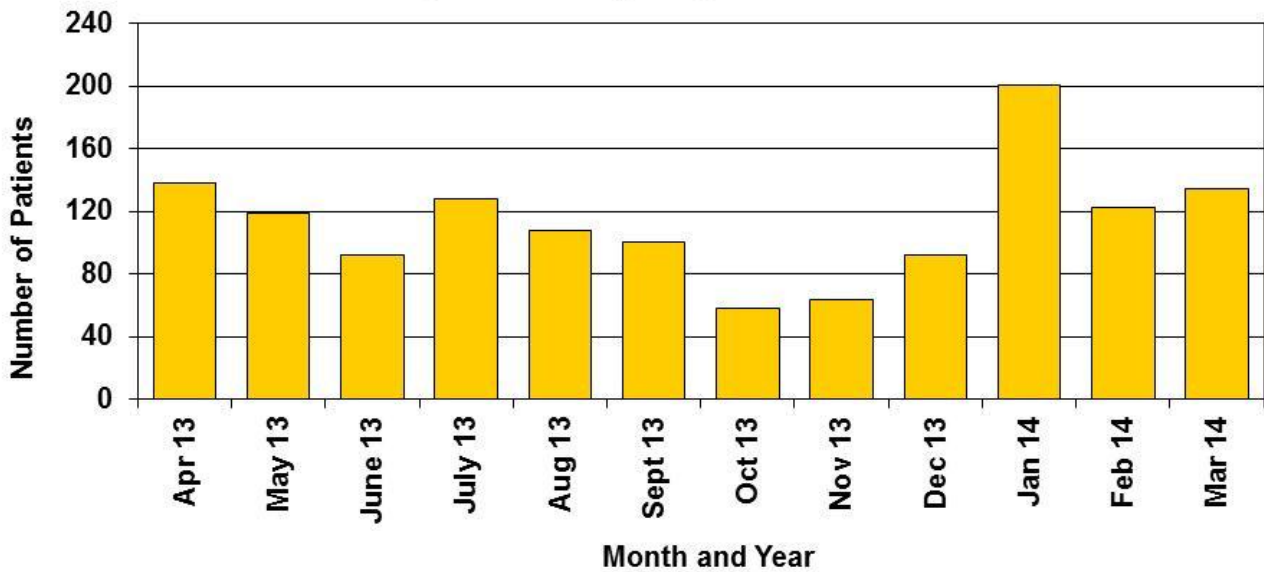
**April 26, 2014 will be Prescription Drug Take Back Day.** This is sponsored by the DEA and others to reduce the quantity of left over narcotics and sedatives in households. These medications have been associated with intentional and unintentional deaths. DEA agents and others will operate take back centers where drugs may be discarded.

**Number of ALS Transports,  
County of San Diego, Apr 2013 - Mar 2014**



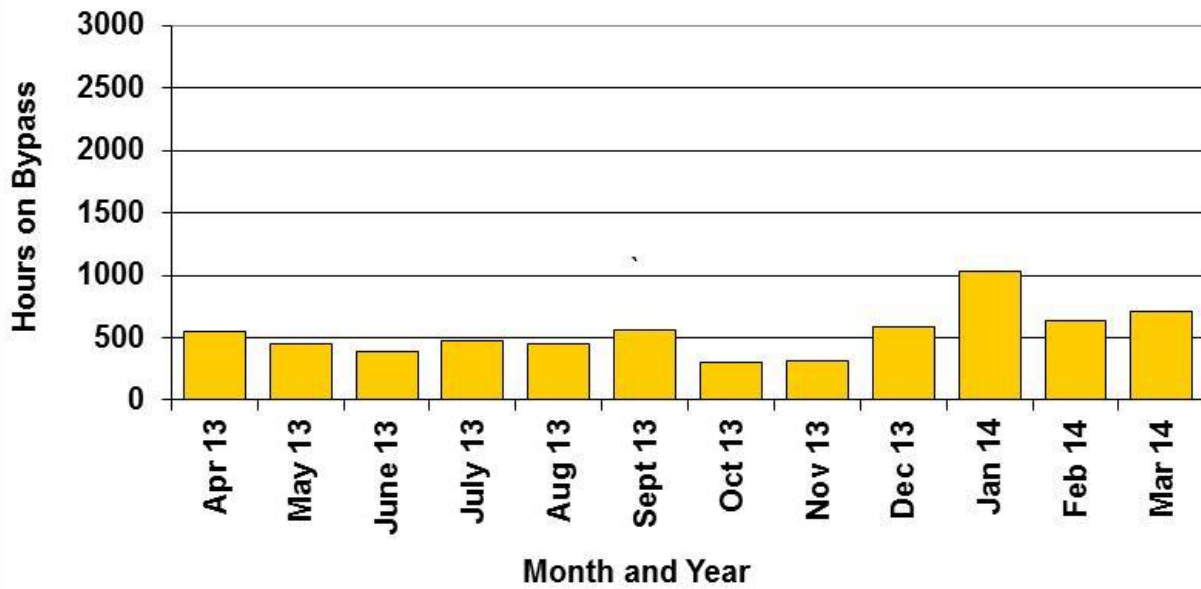
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2013 –Mar 2014 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

**Number of Patients who  
Bypassed the Requested Hospital,  
County of San Diego, Apr 2013 - Mar 2014**



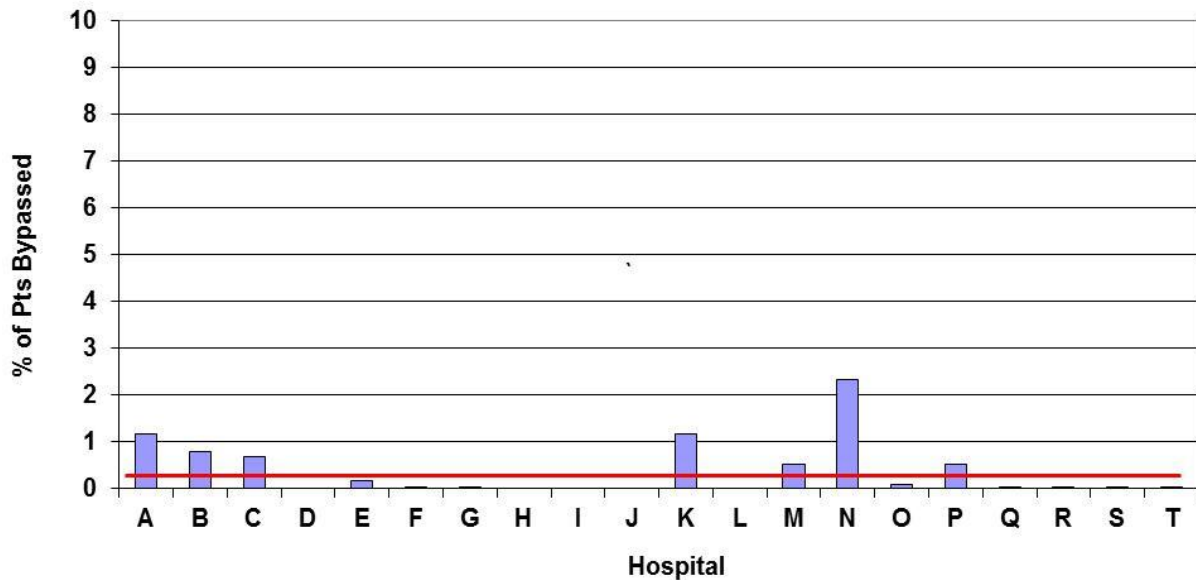
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2013 –Mar 2014 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

### Total Hours on Emergency Department Bypass County of San Diego, Apr 2013 - Mar 2014



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2013 –Mar 2014

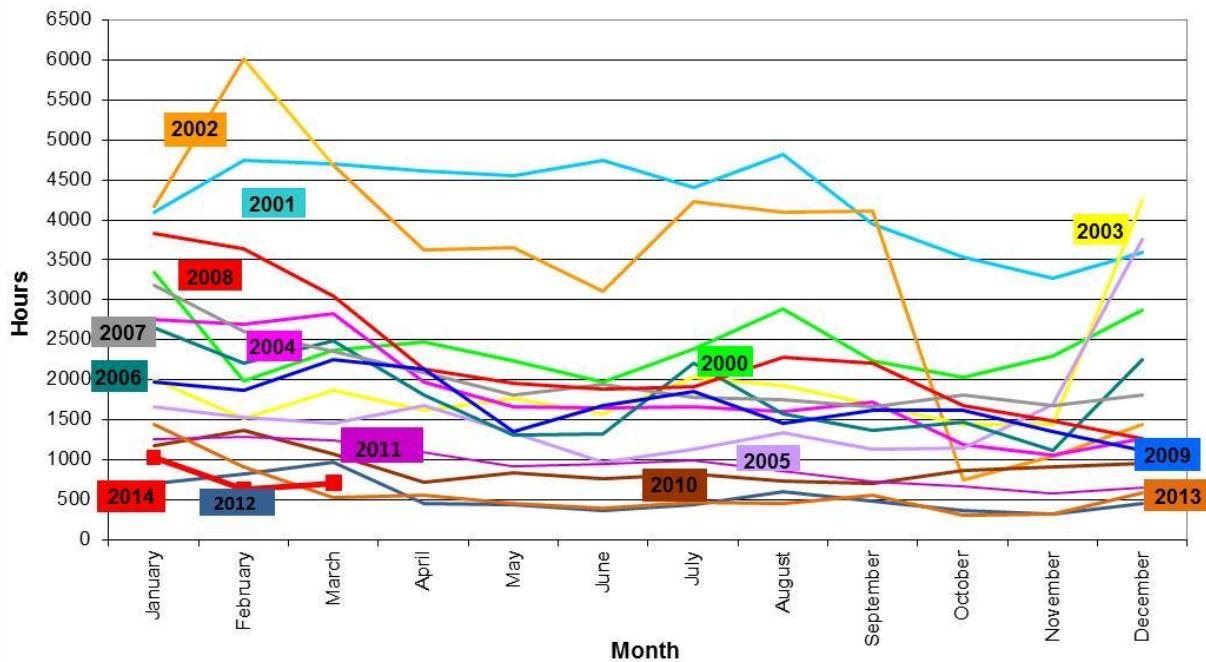
### Percent of Patients Bypassed per Hospital, Mar 2014



Note: The red line represents the mean value of percent of patients bypassed per hospital Mar 2014

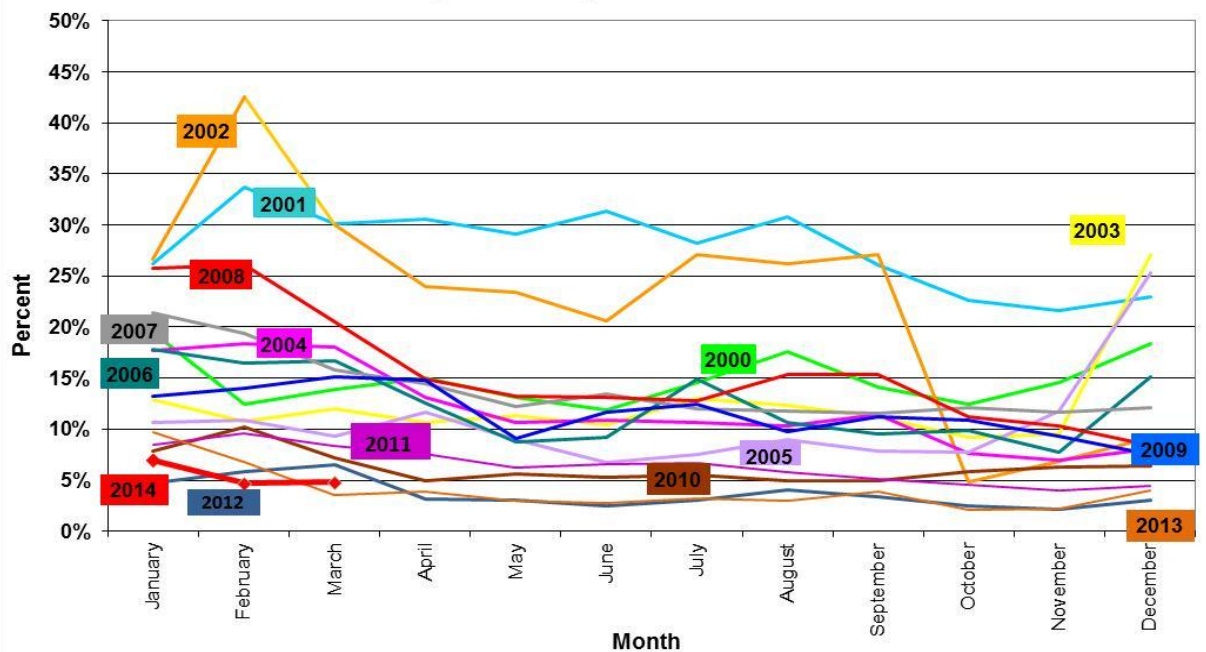
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Mar 2014 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

**Total Hours on ED Saturation by Month and Year,  
San Diego County, Jan 2000 - Mar 2014**



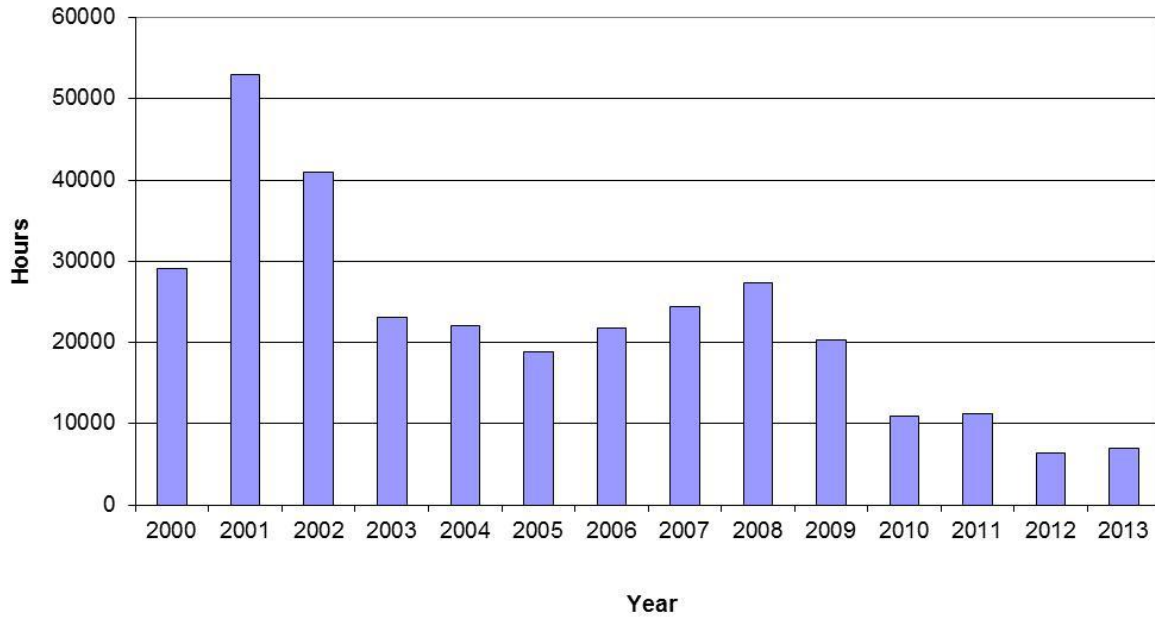
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Mar 2014

**Overall Percent Hours on ED Sat Per Month and Year  
San Diego County, Jan 2000 - Mar 2014**



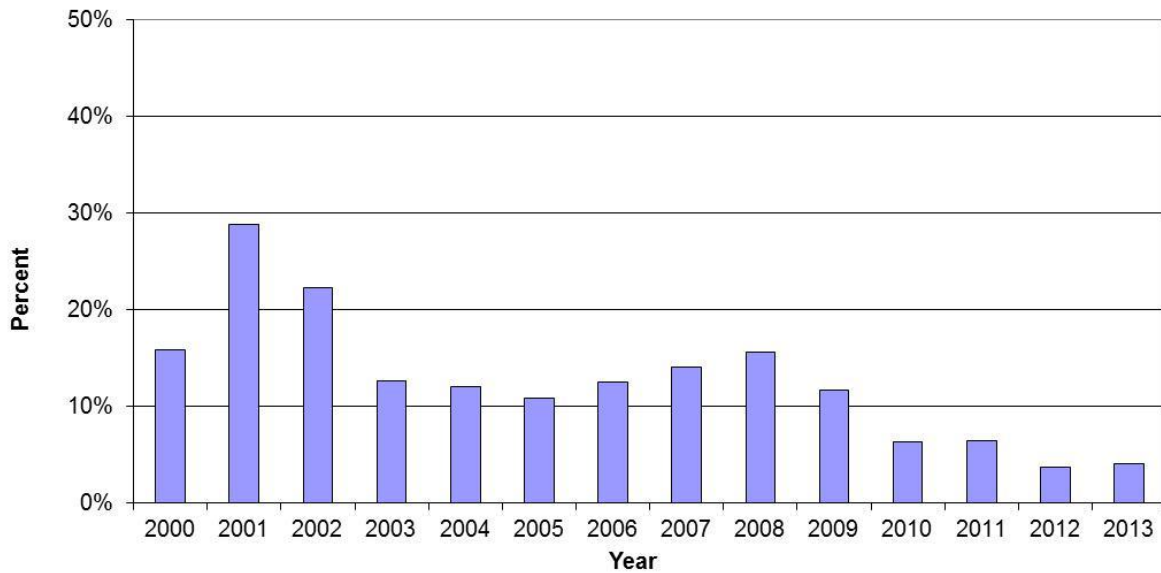
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Mar 2014

### Total Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013

### Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013